DHS/Mental Retardation/Developmental Disabilities Administration

Transmittal Letter No.

Location: **Distribution:**

SUBJECT: **Individual Support Plan (ISP)** **Date:** November 1, 2001

The attached policy is to provide guidelines, protocols, and procedures for the development of Individual Support Plans (ISP) under the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA). The ISP is designed to assist an individual with a developmental disability to guide the process for establishing services that reflect their preferences, choices, and desired outcomes. Person-centered principles shall be the framework for planning services with consumers of MRDDA. This policy applies to the following. This policy applies to the following individuals and organizations:

1. Persons with mental retardation/developmental disabilities who are consumers of MRDDA.
2. Staff of MRDDA.
3. All persons or organizations that receive funds from the District of Columbia to serve consumers of MRDDA.

This policy applies to all employees of the Department of Human Services, Mental Retardation Developmental Disabilities Administration (DHS/MRDDA) and all **individuals** and agencies that provide services or supports to **persons** with mental retardation and/or developmental disabilities through funding, contract or provider agreement with the District of Columbia. All paid staff, subcontractors and consultants of such agencies, and volunteers or other persons recruited to provide services and supports on behalf of the persons with mental retardation and other developmental disabilities, are subject to the requirements of this policy.

Revisions:

Amendments:

10/31/01

Bruce C. Blaney Date
DHS/MRDDA Administrator

11/27/01

Carolyn W. Colvin Date
DHS Director

DHS/Mental Retardation/Developmental Disabilities Administration

POLICY AND PROCEDURE

Transmittal Letter No. Supersedes Manual Location

SUBJECT: **Individual Support Plan (ISP)**

CHAPTER NUMBER:

I. PURPOSE

This policy provides guidelines, protocols, and procedures for the development of Individual Support Plans (ISP) under the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA). The ISP is designed to assist an individual with a developmental disability to guide the process for establishing services that reflect their preferences, choices, and desired outcomes. Person-centered principles shall be the framework for planning services with consumers of MRDDA.

Further, the policy describes the approach to development of ISPs that promotes the following outcomes:

A. **Rights and Dignity**: Protection and enhancement of the rights of persons, including but not limited to:
   1. A focus on respect of the person;
   2. Support of a person's culture and religion;
   3. Ensuring a person's freedom of movement both at home and in the workplace;
   4. Privacy;
   5. Regular review of any need for assistance in decision-making;
   6. Support and affirmation in the exercise of a person's rights;
   7. Safeguards whenever limitations of a person's rights are necessary; and
   8. Assisting the person to achieve an appearance that is appropriate to the individual's age and practices of the surrounding community, consistent with the person's choice and preferences.

B. **Choice and Control**: Opportunities for exercising choice and control in all aspects of the person's life; education necessary to assist the person to make informed decisions; and assurance that the person's opinions are listened to and treated seriously.

C. **Community Inclusion**: Opportunities for the person to actively engage in and contribute to the life of their community, including:
   1. Assisting the person to participate in integrated recreational, social, spiritual, and leisure activities outside of the home in culturally typical settings and with other members of the community, consistent with the needs, desires, and choices of the person;
   2. Ensuring that the person has access to the same community services and resources used by other people, and actively encouraging the consumer to participate in community resources of his/her choice;
   3. Providing a home that is part of a neighborhood or community and actively encouraging the consumer to participate in neighborhood activities. The home should be situated among other buildings whose differences in external dimensions, proximity to the street, and general design features, layout, and style of décor do not emphasize the home's separateness of difference from the surrounding community. The home should offer safety, refuge, rest, satisfaction, a sense of place, and enable the individual to have ownership and control and to be at ease and prepared to receive visitors; and
   4. Actively encourage the person to find work or educational supports in an employment or educational setting whose general design features do not emphasize separateness or difference.

D. **Relationships:** Support to develop and sustain varied and meaningful relationships with family, friends, neighbors, and co-workers. Included is support and education of the person in expressing intimacy and sexuality in an appropriate, private, and safe manner.

E. **Personal Growth and Accomplishments**: Training, education, supports and services necessary to assist the person to acquire skills that increase self-reliance and that are necessary for desired and valued outcomes. These include but are not limited to paid employment in integrated community settings and the ability to maintain and control one's home.

F. **Personal Well-Being (Health, Safety and Economic Security):** Assurances that locations where supports and services are provided are safe; the person is free from abuse, neglect and mistreatment; health care services meet the needs of the person; and the person is assisted in securing adequate economic resources to meet his or her needs.

II. SCOPE

This policy applies to the following individuals and organizations:

1. Persons with mental retardation/developmental disabilities who are consumers of MRDDA.
2. Staff of MRDDA.
3. All persons or organizations that receive funds from the District of Columbia to serve consumers of MRDDA.

III. AUTHORITY

The authority of this policy is established in D.C. Code §7-1301 et. seq.; Evans v. the District of Columbia, June 14, 1978; and Evans v. Williams, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999. DC Code 2-137: 2001 Plan For Compliance and Conclusion of *Evans v. Williams;* DC Code, Title 6, PL. 93-112, Human Rights Act of 1964.

IV. DEFINITIONS

Annual Review: Meeting that occurs within 365 days of the effective date of the most recent Individual Support Plan (ISP) to review and revise the ISP.

Community Inclusion: Engaging people with mental retardation and other developmental disabilities in all our daily activities, at school, at work, at home, and in the community.

Individual Financial Plan (IFP): A written component of the Individual Support Plan that outlines the customers spending plan for the year, which includes expenditures and assets. The plan similar to the ISP is the customers financial plan to safeguard their funds and personal possessions.

Individual Support Plan (ISP): A written statement developed by a planning team chosen, whenever possible, by the individual with developmental disabilities or his/her guardian. The ISP serves as the single document that integrates all supports a person may receive irrespective of where the person resides. The ISP integrates the Plan of Care (POC) required by the District of Columbia's Home and Community Based Waiver (HCBS), and the POC required by Medicaid for nursing homes. The ISP presents the measurable goals and objectives identified as required for meeting the person's preferences, choices, and desired outcomes. The ISP also addresses the provision of safe, secure, and dependable supports that are necessary for the person's wellbeing, independence, and social inclusion. For the purposes of this policy, Individual Support Plan (ISP) and Person Centered Individual Support Plans (PCISP) are interchangeable.

ISP Meeting Facilitator: Person who convenes and chairs the ISP meeting.

Mental Retardation Court: It is the court within the DC Superior Court within the Family Services Division that rules on petitions filed on behalf of residents of the District of Columbia with mental retardation for committed or admission to the system of services operated by the District of Columbia for such persons and holds annual hearings for those committed to District of Columbia to decide on whether the person has benefited from the services received, is in the least restrictive setting, and continues to need habilitation.

Periodic Review: Meeting of the ISP team to assess the ongoing appropriateness of the ISP. For persons residing in Intermediate Care Facilities/Mental Retardation (ICFs/MR), the periodic review shall occur within ninety (90) days of the effective date of the ISP, and within every ninety (90) days thereafter. For all other MRDDA consumers, the periodic review shall occur within six months from the effective date of the current ISP.

Plan of Care (POC): A written statement that outlines the person's service needs required for the HCBS program or nursing home placement. The Plans of Care required under the HCBS program have different requirements than those of nursing homes. Plans of Care under the HCBS program focus on services and supports to assist the person with achieving desired outcomes related to independence and community integration, while the POCs for nursing facilities typically focus on the person's skilled nursing care needs. The person's ISP will integrate the Plans of Care for the HCBS program and for Nursing Homes

QMRP: A qualified mental retardation professional. A QMRP is a person who has received at least a bachelor's degree from a college or university and academic credit for a major or minor coursework concentration in a human service field; has at least one (1) year of experience working with persons with mental retardation/developmental disabilities; and has demonstrated competency to perform the duties of a QMRP.

V. POLICY

1. Each person who is determined eligible to receive services from MRDDA shall have a written Individual Support Plan (ISP) that delineates individualized services and supports. The ISP will be written in easily understandable language, using simple statements.

2. An ISP team shall develop the ISP. At minimum, the composition of the team will include the person, his/her parent or guardian, if any, and the MRDDA case manager. Additional team members will be identified based on the person's preference, choice, social, medical, and personal support needs, including professionals such as nutritionists, occupational therapists, physical therapists, psychologist, social workers, and other clinicians. Unless the person objects, the

participation of the person's family members, and direct care staff from the person's day program/work and residential programs is expected. The person's advocates and/or attorney will be invited to participate at the ISP meeting, unless the person objects.

3. The initial ISP shall be developed within thirty (30) days of determination of eligibility. Prior to the completion of the initial ISP, case management and any emergency service such as residential placements, medical, psychiatric or behavioral intervention will be provided as needed.

4. Progress on goals and outcomes shall be reviewed periodically, at a maximum of six-month intervals following the initial ISP, or every ninety (90) days for persons residing in Intermediate Care Facilities (ICF), and more often if necessary, to ensure that the ISP remains appropriate and that the person is making progress.

5. The Periodic Review shall involve all team members with specific responsibilities for implementing the ISP, the person and his/her guardian, attorney, and/or advocate.

6. The ISP team shall conduct an Annual Review prior to the expiration date of the ISP and more often, whenever there is a significant change in the person's status, or any significant event in the person's life affects the type or amount of services and supports the person may need. Examples of a change in status include but are not limited to: changes in the person's goals and desired outcomes, a medical or psychiatric illness that requires services and supports to be reconfigured; loss of a family member; a transition from one home or day/vocational program to another; and/or placement in a nursing home or rehabilitation facility. **MRDDA will not provide reimbursement for services or supports that are based on an expired ISP.**

7. The initial ISP, the annual ISP, and any modifications to ISP shall be distributed to all team members within thirty (30) days of development.

8. The ISP must be centered on the person's preferences, choices, strengths, resources and needs, not upon the needs of MRDDA or its contracted providers.

9. The interests of the person's family may also be considered, when the person agrees to the family's participation and informs the MRDDA case manager.

10. Services identified within the ISP that are not available must be documented as unmet needs and a plan must be developed to address such needs. The documentation must include the reason the services are unavailable, such as a lack of providers or resources, and specific action steps to address the unmet need. Documentation of and the plan to address unmet needs shall be submitted to the DHS/MRDDA Branch Chief for Case Management services. The Branch Chief shall be responsible to identify potential resources to address the unmet need with

DHS/MRDDA's Division Chief and Administrator. The Branch Chief shall submit a quarterly report to the Division Chief that identifies the types of unmet needs and areas for systematic resource development.

11. The implementation of the ISP will maximize natural supports by using resources and supports within the person's family, neighborhood, and community. These "natural supports" should be considered to foster social inclusion and to maximize resources available from MRDDA. The lack of natural supports in a particular area should not prevent the team from identifying the need for such supports and requesting that paid supports be provided.

12. The ISP must consider the unique characteristics and needs of the person as expressed by the person, his/her family or guardian, and others who know the person. The goals, services and agreements identified in the ISP will:
    a. Assist the person to achieve his or her desired short-term and long-term outcomes.
    b. Respect the choices the person makes.
    c. Protect the rights and dignity of the person by promoting the independence, competencies of the person served.
    d. Allow for maximum social inclusion, including participation in recreation and leisure time activities appropriate to the individual's age and which are consistent with the individual's interests and capabilities.
    e. Preserve the relationship between the person and his or her family.
    f. Improve the person's quality of life.
    g. Eliminate conditions that hinder the person's development.

13. Ensure the person's health, well being, and safety by actively supporting the person through the following:
    a. Arrange for coordinated regular, preventive, specialty and emergency health and dental care; professional clinical services; and availability of first-aid supplies.
    b. Comply with DHS/MRDDA's policies and procedures in connection with the storage and use of prescription and over the counter medication.
    c. Assure that meals are stored, prepared, and served in a clean, safe, nutritious, typical and appetizing manner, and that persons have nourishing and well-balanced meals, provided at typical times and frequencies, of typical variety, and chosen by the person, unless there exists medical reasons which limit certain types of food, and these have been documented by a physician.
    d. Assure safety and well being in both home and work environments, including development of safety plans as needed and part of the ISP.
    e. Locate supports and services in a physical setting that meets all applicable local and federal requirements pertaining to building construction, sanitation, health, safety, occupational health, and zoning.
    f. Prevent abuse and neglect, and comply with all applicable reporting requirements of the District of Columbia, including but not limited to DHS/MRDDA's policy on incident management.

g. Comply with local and federal wage-hour requirements when the person engages in any work that must be compensated.
h. Support each person to obtain personal possessions, including an adequate supply of fashionable, seasonal clothing as necessary for the person's health and comfort and consistent with the person's choice and preferences, and assist the person to maintain his or her clothing in a clean and well-kept manner.
i. Identify whether submission of an application for Home and Community Based Waiver Services (HCBS) is appropriate.

14. The use of a team process for developing the ISP maximizes the quality of the ISP. Team members, using their experience and background, shall work with the person to develop one whole, integrated ISP. Team membership will vary upon the needs and wishes of the individual and/or guardian, and the requirements of the service planning process.

15. The person may choose to facilitate the ISP meeting or select an individual of their choice to facilitate the ISP meeting. The MRDDA Case Manager shall facilitate the ISP meeting if the person does not wish to select a meeting facilitator.

16. The ISP Facilitator shall guide the discussion so that the following occurs:
    a. The person, family, and guardian are treated with respect and dignity during the meeting.
    b. Comments are directed to the person in first person rather than third person language.
    c. Sensitive issues, such as the person's health, sexuality or other topics the person may want to keep more private, shall be discussed with the same consideration given to a person without disabilities.
    d. The person, family, and guardian may set ground rules for the meeting, making certain topics off-limits for team discussion and disclosure.
    e. The ISP Facilitator shall encourage the participants to provide input and thoroughly discuss all issues before reaching decisions. In particular, the ISP Facilitator shall coordinate the process so that the team members recognize and accept the person's ability for expression.

17. The MRDDA case manager shall assist the ISP facilitator during team meetings by explaining the ISP process to all participants and ensuring the use of a person-centered approach to the ISP team process.

18. To promote understanding of the ISP process and the person's rights and identify their preferences for the ISP meeting, the MRDDA case manager will conduct a pre-meeting. The person, family and/or guardian, and any advocate/attorney will be invited to the pre-meeting (unless the person objects) as well as any direct care staff the person wishes to invite. The pre-meeting will be held in advance of the written notification of the ISP team meeting and the agenda will include the following topics:
    a. Description of the ISP process.

b. Explanation of the person's rights.
c. Identification of individuals to be invited to the ISP team meeting.
d. The Person's preferences for services and supports.
e. Outcomes the person would like to achieve.
f. Issues to be discussed by the ISP team.
g. Sensitive issues with whom these issues should be discussed.
h. Where and when the meeting will be held.

19. Only the person and/or the guardian can authorize a visitor to attend and observe the ISP. The composition of the team is based on the wishes of the person. There are, however, program requirements of other funding sources or circumstances that may warrant specific team representation or input from licensed professionals and others. Input from these representatives shall be obtained in the least intrusive manner possible. Sensitive topics, as defined by the person, such as but not limited to health, personal relationship, sexuality, or other issues the person wishes to keep private may be obtained through smaller meetings prior to the ISP team meeting. The following list identifies the most common considerations that may require additional representation for medical or clinical input:
    a. Home on Community Based Service Requirements
    b. Services for Persons who are Medically Involved
    c. Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Placement
    d. Nursing Home Placement
    e. Rehabilitation Services Requirements

20. MRDDA must provide team members with at least thirty (30) days written notice of a scheduled meeting. The ISP team will meet at times and locations that are convenient for the person and family member(s). All team members shall accommodate the unique needs and situations in the person's life. For example, evening meetings may be appropriate for a person who is employed and may be unable to leave work during the daytime hours. The 30-day written notice requirement shall be waived in the event of an emergency ISP meeting.

21. The content of the ISP will vary, depending upon the needs of the person, the purpose of the team meeting, the unique characteristics of each person served, and the person's preferences and service setting. Various funding sources may require unique components. Individual program plan requirements for persons residing in Intermediate Care Facilities (ICF) or who receive or will receive HCBS must be addressed. The following are common elements that are reflected in each ISP:
    a. The person's aspirations, including living and work expectations, relationships, level of control over the services offered, community participation, and safety.
    b. A review of the previous document, unless the ISP is the initial plan.
    c. Assessments and evaluations that are specifically associated with the goals and outcomes.
    d. Staff responsibility for measurable actions steps.
    e. Health and dental updates, including mental and behavioral health.

f. Adaptive equipment assessments and requirements, if any.
g. Safeguards for protection for harm.
h. Guardianship status.
i. Competency statement.
j. Demographic information about the person.
k. Residential and day support services.
l. Measurable and observable goals and outcomes that are cognitively and age appropriate.
m. Target dates for outcomes and referrals.
n. Teaching or other strategies attached to the ISP.
o. Staffing supports.
p. Required training for staff responsible for supporting the person.
q. Therapeutic Interventions.
r. Case management supports, such as, but not limited to, the need for intensive case management.
s. Person's ability to manage his or her own funds.

22. The Plan of Care (POC) shall be completed during the ISP development process for persons that MRDDA determines eligible for HCBS services.

23. The team shall identify and team members shall document the person's preferences, desires, and needs using formal and informal information from the person, his or her family, friends and staff at the person's home or daytime support services observations of the person in different settings; and formal assessments and /or evaluations and record reviews.

24. Each ISP shall contain the person's goals and desired outcomes. Goals and outcomes shall be written in a manner that address the following specifications:
    a. Identification of the services and supports that provider staff, the case manager, family, and friends will offer to assist the person in realizing desired outcomes while keeping him or her safe from harm.
    b. Observable and measurable skills that staff will assist the person to learn and exhibit, and the criteria for determining whether the person develops the skills.
    c. Anticipated dates by which the person and the team can reasonably expect the progress on goals.

25. Team members assigned the responsibility for the goal area shall develop an operational provider plan for each outcome, within thirty (30) days of the meeting. All instructions, teaching, and support shall be given in a manner that respects the dignity of the person in the most integrated setting and manner appropriate for the person and respects the person's own religion, cultural heritage, language, and values.

26. Each ISP shall also document any additional activities to be completed. Examples include evaluations to be obtained or updated, and referrals necessary for the person to receive services within or outside MRDDA.

27. The ISP centers on a person's preferences and choices. The ISP team shall make all efforts to reach consensus on the contents of the ISP, using the person's preferences as the primary guide. The final approval for the ISP rests with the person and/or the guardian.

28. If the person and his or her guardian cannot reach consensus with the ISP team, the person has the right to DHS/MRDDA's formal grievance process. Mediation is the preferred process for resolving disagreements among the ISP team. If the person and/or guardian selects the mediation, the Case Management Supervisor shall review any disagreements or conflicts between a person's preferences and choices and concerns about health and welfare on the part of any team member. If the team continues to disagree following the review by the Case Management Supervisor, the Client Services Division shall attempt to mediate the situation. The Client Services Division shall provide a written statement outlining the results of the mediation and the rationale for its findings to the person, his/or her family or guardian, and other team members as appropriate. If there is no satisfactory resolution of the conflict, then the conflict will be referred to the Clinical Services Division for review.

29. If the findings of the Clinical Services Decision do not result in consensus between the person and/or guardian and the ISP team, the person has the right to file a formal grievance as defined by MRDDA's Grievances and Appeal Policy.

30. The person has the right to file an appeal, in accordance with MRDDA's Grievance and Appeal Policy, if consensus of the person, the ISP Team, and the Clinical Services Division does not occur.

31. The person, the person's family member, advocate, lawyer, or any member of the ISP team may identify the need for technical assistance on the development of the ISP at any time during the planning process. The MRDDA Case Manager shall submit requests for technical assistance to the Clinical Services Division, once the need for technical assistance is identified.

32. Implementation of the ISP will begin as soon as practical after the final ISP meeting, but no later than thirty (30) days from the meeting.

33. The MRDDA case manager shall have the responsibility for oversight of the ISP process, including the development, implementation, and review of the ISP, and shall monitor compliance with the requirements of this policy.

34. The MRDDA case manager shall have the responsibility for coordination of the ISP process for persons who reside in non-ICF/MR settings and the QMRP shall have responsibility for coordination of the ISP process for persons who reside in ICFs/MR. The following are the ISP coordination responsibilities:
    a. Offering the person the choice of services in a home and community setting.
    b. Compiling all written assessments, goals and objectives, prepared by the ISP Team and finalizing the ISP.
    c. Assessing eligibility for and developing the ISP/Plan of Care for Home and Community Based Waiver Services (HCBS).
    d. Setting dates for pre-ISP meeting, the ISP meeting, and scheduled reviews.
    e. Providing written notice of ISP meetings to the ISP Team. If written notice is not sent 30-days prior to the ISP meeting (except in the case of emergency meetings), the ISP meeting is not valid and must be reconvened, unless all invited participants agree to participate and have the time to prepare for the meeting.
    f. Tracking scheduled reviews and facilitating the scheduling of a review when there is a significant change in the person's status.
    g. Monitoring the person's status, progress, and satisfaction with the ISP.

35. Providers shall have the following responsibilities pertaining to development and implementation of the ISP, in addition to other general responsibilities highlighted in this policy:
    a. Ensuring staff that participates in the ISP process, attend competency-based training, and demonstrate competence requisite with their duties and responsibilities.
    b. Arranging for staff to participate in ISP meetings and pre-meetings.
    c. Producing, when requested, formal and informal assessments.
    d. Implementing in a timely manner, the portions of the ISP for which they are responsible.
    e. Monitoring the person's status, progress, and satisfaction with the ISP.
    f. Referring appropriate persons to MRDDA for HCBS' s eligibility determination.

36. Training is essential to the successful implementation of this policy. Any MRDDA Case Manager or QMRP responsible for the coordination, facilitation, or development of an ISP must have completed competence-based training on ISP development and demonstrate their competence and understanding of the following factors:
    a. Person-Centered Principles.
    b. Group Facilitation and Conflict Resolution.
    c. MRDDA's Policy on ISPs contained herein.
    d. Development, Implementation, and Monitoring Components of the ISP.

e. MRDDA's Policy on Adaptive Equipment
f. MRDDA's Home and Community Based Waiver Services (HCBS) Requirements
g. MRDDA's Policy on the Individual Financial Plan (IFP)
h. MRDDA's Policy on Intensive Case Management
i. MRDDA's Policy on Rights of Persons to the Provision of Services and Supports in the Most Integrated Community-Based Settings.
j. MRDDA's Procedures for Securing Medical and Dental Services.
k. MRDDA's Policy on Positive Behavior Supports and Restricted Controls.
l. MRDDA's Policy on Safeguarding Personal Possessions.
m. Use of Assessments (Psychology, Dental, Medical, Social, Physical Therapy, Speech, Vocational, Educational, Day Program, Neurology, Podiatry, Dermatology, or other.)

37. MRDDA shall offer periodic training on the ISP process for consumers; family members, advocates, attorneys and other potential ISP team members.

VI. Other Components of the ISP:

The ISP shall serve as the single document that integrates all other related supports that a person may receive. There are policies specific to the following components, with specific requirements for each area:

1. Adaptive Equipment
2. Positive Behavior Supports and Restricted Controls
3. Individual Financial Plan (IFP)
4. Plan of Care (POC) for Home and Community Based Waiver Programs (HCBS)
5. Securing Medical and Dental Services
6. Rights of Persons to Services and Supports in the Most Integrated Community-Based Settings.

Government of the District of Columbia
Department of Human Services
Mental Retardation & Developmental
Disabilities Administration

Individual Support Plan
Implementation Plan

Implementation Plan
Individual Service Plan (ISP) Policy

1.0 Introduction

The Mental Retardation and Development Disabilities Administration (MRDDA) established guidelines, protocols, and procedures for developing Individual Support Plans for MRDDA customers. This document outlines MRDDA's strategy for the implementation of the Individual Support Plan (ISP)

Ultimate responsibility for the implementation of the Policy on the Individual Support Plan (ISP) resides with MRDDA. This policy applies to all District of Columbia employees and all agencies and persons that provide services or supports to individuals with developmental disabilities through funding, contract, or provider agreement with the Department of Human Services, Mental Retardation Developmental Disabilities Administration or the Department of Health.

Policy Objectives

This policy provides guidelines, protocols and procedures for the development of Individual Support Plans (ISP) under the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA). The ISP is designed to assist an individual with a developmental disability to guide the process for establishing services that reflect their preferences, choices, and desired outcomes. Person-centered principles shall be the framework for planning services with consumers of MRDDA.

Policy Requirements

The charts below highlight the significant requirements of the policy. A complete reading of the Individual Support Plan policy is necessary to understand the full impact of this policy implementation.

Charts 1.0 - 1.2 highlight the significant phases of training necessary to accomplish implementation requirements of the policy.

Chart 1.0 – Phase I –Training on the ISP Policy

Policy Section	Significant Requirements
I. Purpose *V. Policy*	▪ Philosophy of Person Centered Planning ▪ ISP Policy requirements

Chart 1.1 –Phase II Training on Uniform ISP format

Policy Section	Significant Requirements
V. Policy	▪ Train Internal MRDDA Staff ▪ Train External Provider Staff ▪ Train Key Stakeholders

Chart 1.2 – Phase III Transition to New Uniform ISP Format

Policy Section	Significant Requirements
V. Policy	▪ Transition from current IHP format to Uniform ISP Format ▪ Transition in accordance with anniversary date of customer's previous plan ▪ Review and evaluate a sampling of newly formatted ISPs

2.0 Plan of Action

The Implementation Plan includes three primary tasks:

- Task 1: Communicate Policy
- Task 2: Develop and Implement Training
- Task 3: Evaluate Policy Implementation

Implementation Outline	
Task 1: Communicate Policy	Subtask 1.1: Develop Internal Communication Strategy Subtask 1.2: Clarify Terms Subtask 1.3: Communication Strategies Timeframe: Due 12/10/01 **Status: Completed - Policy disseminated 10/31/01; Focus Groups held 12/3/01 – 12/7/01**
Task 2: Develop and Implement Training	Subtask 2.1: Develop Competency Based Curriculum and In-Service Certification Subtask 2.2: Identify Training Population Subtask 2.3: Organize, Schedule and Conduct Training, Including Practice Application Subtask 2.4: Evaluate Training Effectiveness Subtask 2.5: Deliver On-going Training Timeframe: Phase I – Start at end of Jan. 2002 / Finish at end of Feb. 2002; Phase II - Start early March 2002 / Finish end of March 2002 **Status: Training Calendar developed**
Task 3 Evaluate Policy Implementation	Subtask 3.1: Refine Policy Subtask 3.2: Implement Use of New ISP Format Subtask 3.3: Monitor On-going Implementation Timeframe: Phase III – During the month of April 2002 **Status: Not Initiated**

Task 1: Communicate Policy

The initial activities surrounding implementation of the Individual Support Plan (ISP) policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that staff and stakeholders expectations surrounding their roles and responsibilities are aligned with those of MRDDA management.

Subtask 1.1: Develop Internal Communications Strategy

- *Communicate Policy*

The Individual Support Plan (ISP) policy will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers to provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy;
- Create a communications network utilizing various group discussion formats; training;and interactions with key personnel, internal and external to MRDDA; and,
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

Subtask 1.2: Clarify Terms

- *Define and Clarify Terminology*

Staff will also need assistance in defining terminology that is unclear in the policy or that may be subject to multiple interpretations. Staff will require a clear understanding of responsibility and applicability of the policy in order to understand who is ultimately responsible for various requirements of the policy on Psychotropic Medications.

Subtask 1.3: Develop Internal and External Communications Strategy

The policy and its implications will need to then be explained to other stakeholders including the provider community. These stakeholders will be given the opportunity to communicate their ability to implement the policy and the timeframe in which they can achieve full implementation of the policy.

MRDDA will:

- Develop and execute a communications strategy to MRDDA staff, the provider community and other stakeholders regarding the dissemination and the operations of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and,
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

- *Convene Focus Group Meetings*

Focus Groups with MRDDA management and staff, providers and key stakeholders will be held to ensure that expectations are clearly understood and to identify potential risks to the effective implementation of the policy.

- *Obtain Buy-in and Support*

An external communication plan, which will include provider meetings, or summits will be developed by MRDDA to gather provider comments.

Task 2: Develop and Implement Training

MRDDA will develop and execute a training program to ensure that the MRDDA personnel, provider community and other key stakeholders are able to effectively and efficiently implement the Individual Support Plan (ISP) Policy. MRDDA will:

Subtask 2.1: Develop Training Curriculum

- Develop Training Curriculum

  - Develop training curriculum for MRDDA personnel, provider community and other key stakeholders on the ISP policy to ensure a uniform process and format for MRDDA consumers.

Subtask 2.2: Identify Training Population and Assess Readiness

- MRDDA will be responsible for ensuring that personnel are trained and that facilities, hardware, and software are available and adequate. MRDDA will:

  - Identify all personnel requiring training;

  - Create Database of all participants to be trained; and,

Subtask 2.3: Organize and Conduct Training

- *Prepare a Training Schedule*

  Coordinate a training schedule to avoid conflicts and ensure training dates are incorporated into agency calendar.

- *Produce Training and Evaluation Materials*

  - Develop training support tools and material. Actual guides and reference materials will be customized to address issues specific to each training module.
  - Provide opportunity to practice application of new ISP format.
  - Develop training evaluation forms, surveys, and questionnaires to solicit feedback from users about the training process.

- Deliver Training

The actual training process will take place in accordance with the specific needs and requirements of each module.

Subtask 2.4 Evaluate Training Effectiveness

- Monitor Training Program and Data Collection

Monitoring involves ensuring the successful completion of exercises and collecting and analyzing the training evaluation forms/questionnaires. The associated tasks are as follows:

- Confirm Training Evaluation Plan;
- Confirm Evaluation Instruments/Procedures;
- Confirm Training Criteria;
- Collect and Analyze Evaluations; and,
- Maintain Training Status Database.

Subtask 2.5: Deliver On-going Training

The delivery of an on-going, uniform Individual Support Plan (ISP) training program is essential to providing consistent, effective services to consumers, as well as to achieving MRDDA's overall business process improvement objectives. A uniform training program will allow MRDDA to objectively evaluate and assess the capabilities of its personnel and provider community, as well as its own progress towards improved service delivery. The training program will incorporate "best practices" from other jurisdictions, as well as "lessons learned" during the implementation process. Periodic monitoring of training effectiveness will be incorporated into the training methodology based upon performance measures identified during the implementation process.

Task 3: Evaluate Policy Implementation

MRDDA will evaluate the implementation of the ISP policy, as it is applied internally and externally to MRDDA. Monitoring will include assuring that the principles of person centered planning are incorporated in the Individual Support Plans for each consumer.

Subtask 3.1: Refine Policy

- Develop Recommendations

Identify and prepare recommendations to improve the Individual Support Plan (ISP) Policy. The recommendations will:

- Outline improvements for strengthening the weaknesses of the current processes;
- Evaluate the current policy and processes, modifying the policy, and/or the feasibility of adopting alternative solutions;
- Incorporate "best practices" from other organizations that are suitable for the MRDDA.
- Develop an enhancement to the MRDDA Customer Information System (MCIS) that allows for automated tracking of significant/critical dates related to Individual Support Plan (ISP).

Subtask 3.2 Implement Changes

Implementing and rolling out the uniform Individual Support Plan (ISP) format.

Subtask 3.4 Monitor On-going Implementation

- Plan for management and monitoring process performance

Incorporate "best practices" identified in the area of performance monitoring into a plan to manage and monitor MRDDA's newly Individual Support Plan (ISP) Policy and work practices.

Implementation Plan
Individual Service Plan (ISP) Policy

1.0 Introduction

The Mental Retardation and Development Disabilities Administration (MRDDA) established guidelines, protocols, and procedures for developing Individual Support Plans for MRDDA customers. This document outlines MRDDA's strategy for the implementation of the Individual Support Plan (ISP)

Ultimate responsibility for the implementation of the Policy on the Individual Support Plan (ISP) resides with MRDDA. This policy applies to all District of Columbia employees and all agencies and persons that provide services or supports to individuals with developmental disabilities through funding, contract, or provider agreement with the Department of Human Services, Mental Retardation Developmental Disabilities Administration or the Department of Health.

Policy Objectives

This policy provides guidelines, protocols and procedures for the development of Individual Support Plans (ISP) under the Department of Human Services, Mental Retardation and Developmental Disabilities Administration (MRDDA). The ISP is designed to assist an individual with a developmental disability to guide the process for establishing services that reflect their preferences, choices, and desired outcomes. Person-centered principles shall be the framework for planning services with consumers of MRDDA.

Policy Requirements

The charts below highlight the significant requirements of the policy. A complete reading of the Individual Support Plan policy is necessary to understand the full impact of this policy implementation.

Charts 1.0 - 1.2 highlight the significant phases of training necessary to accomplish implementation requirements of the policy.

Chart 1.0 – Phase I –Training on the ISP Policy

Policy Section	Significant Requirements
I. Purpose *V. Policy*	▪ Philosophy of Person Centered Planning ▪ ISP Policy requirements

Chart 1.1 –Phase II Training on Uniform ISP format

Policy Section	Significant Requirements
V. Policy	▪ Train Internal MRDDA Staff ▪ Train External Provider Staff ▪ Train Key Stakeholders

Chart 1.2 – Phase III Transition to New Uniform ISP Format

Policy Section	Significant Requirements
V. Policy	▪ Transition from current IHP format to Uniform ISP Format ▪ Transition in accordance with anniversary date of customer's previous plan
	▪ Review and evaluate a sampling of newly formatted ISPs

2.0 Plan of Action

The Implementation Plan includes three primary tasks:

- Task 1: Communicate Policy
- Task 2: Develop and Implement Training
- Task 3: Evaluate Policy Implementation

Implementation Outline	
Task 1: Communicate Policy	Subtask 1.1: Develop Internal Communication Strategy Subtask 1.2: Clarify Terms Subtask 1.3: Communication Strategies Timeframe: Due 12/10/01 **Status: Completed - Policy disseminated 10/31/01; Focus Groups held 12/3/01 – 12/7/01**
Task 2: Develop and Implement Training	Subtask 2.1: Develop Competency Based Curriculum and In-Service Certification Subtask 2.2: Identify Training Population Subtask 2.3: Organize, Schedule and Conduct Training, Including Practice Application Subtask 2.4: Evaluate Training Effectiveness Subtask 2.5: Deliver On-going Training Timeframe: Phase I – Start at end of Jan. 2002 / Finish at end of Feb. 2002; Phase II - Start early March 2002 / Finish end of March 2002 **Status: Training Calendar developed**
Task 3 Evaluate Policy Implementation	Subtask 3.1: Refine Policy Subtask 3.2: Implement Use of New ISP Format Subtask 3.3: Monitor On-going Implementation Timeframe: Phase III – During the month of April 2002 **Status: Not Initiated**

Task 1: Communicate Policy

The initial activities surrounding implementation of the Individual Support Plan (ISP) policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that staff and stakeholders expectations surrounding their roles and responsibilities are aligned with those of MRDDA management.

Subtask 1.1: Develop Internal Communications Strategy

- *Communicate Policy*

The Individual Support Plan (ISP) policy will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers to provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy;
- Create a communications network utilizing various group discussion formats; training;and interactions with key personnel, internal and external to MRDDA; and,
- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

Subtask 1.2: Clarify Terms

- *Define and Clarify Terminology*

Staff will also need assistance in defining terminology that is unclear in the policy or that may be subject to multiple interpretations. Staff will require a clear understanding of responsibility and applicability of the policy in order to understand who is ultimately responsible for various requirements of the policy on Psychotropic Medications.

Subtask 1.3: Develop Internal and External Communications Strategy

The policy and its implications will need to then be explained to other stakeholders including the provider community. These stakeholders will be given the opportunity to communicate their ability to implement the policy and the timeframe in which they can achieve full implementation of the policy.

MRDDA will:

- Develop and execute a communications strategy to MRDDA staff, the provider community and other stakeholders regarding the dissemination and the operations of the policy;

- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel; and,

- Create communication and training materials that can be employed through email, Internet, web pages, and hard copy.

- *Convene Focus Group Meetings*

Focus Groups with MRDDA management and staff, providers and key stakeholders will be held to ensure that expectations are clearly understood and to identify potential risks to the effective implementation of the policy.

- *Obtain Buy-in and Support*

An external communication plan, which will include provider meetings, or summits will be developed by MRDDA to gather provider comments.

Task 2: Develop and Implement Training

MRDDA will develop and execute a training program to ensure that the MRDDA personnel, provider community and other key stakeholders are able to effectively and efficiently implement the Individual Support Plan (ISP) Policy. MRDDA will:

Subtask 2.1: Develop Training Curriculum

- Develop Training Curriculum

  - Develop training curriculum for MRDDA personnel, provider community and other key stakeholders on the ISP policy to ensure a uniform process and format for MRDDA consumers.

Subtask 2.2: Identify Training Population and Assess Readiness

- MRDDA will be responsible for ensuring that personnel are trained and that facilities, hardware, and software are available and adequate. MRDDA will:

  - Identify all personnel requiring training;

  - Create Database of all participants to be trained; and,

Subtask 2.3: Organize and Conduct Training

- *Prepare a Training Schedule*

  Coordinate a training schedule to avoid conflicts and ensure training dates are incorporated into agency calendar.

- *Produce Training and Evaluation Materials*

  - Develop training support tools and material. Actual guides and reference materials will be customized to address issues specific to each training module.
  - Provide opportunity to practice application of new ISP format.
  - Develop training evaluation forms, surveys, and questionnaires to solicit feedback from users about the training process.

- Deliver Training

The actual training process will take place in accordance with the specific needs and requirements of each module.

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- Monitor Training Program and Data Collection

Monitoring involves ensuring the successful completion of exercises and collecting and analyzing the training evaluation forms/questionnaires. The associated tasks are as follows:

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- Confirm Training Criteria;
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- Maintain Training Status Database.

Subtask 2.5: Deliver On-going Training

The delivery of an on-going, uniform Individual Support Plan (ISP) training program is essential to providing consistent, effective services to consumers, as well as to achieving MRDDA's overall business process improvement objectives. A uniform training program will allow MRDDA to objectively evaluate and assess the capabilities of its personnel and provider community, as well as its own progress towards improved service delivery. The training program will incorporate "best practices" from other jurisdictions, as well as "lessons learned" during the implementation process. Periodic monitoring of training effectiveness will be incorporated into the training methodology based upon performance measures identified during the implementation process.

Task 3: Evaluate Policy Implementation

MRDDA will evaluate the implementation of the ISP policy, as it is applied internally and externally to MRDDA. Monitoring will include assuring that the principles of person centered planning are incorporated in the Individual Support Plans for each consumer.

Subtask 3.1: Refine Policy

- Develop Recommendations

Identify and prepare recommendations to improve the Individual Support Plan (ISP) Policy. The recommendations will:

- Outline improvements for strengthening the weaknesses of the current processes;
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- Develop an enhancement to the MRDDA Customer Information System (MCIS) that allows for automated tracking of significant/critical dates related to Individual Support Plan (ISP).

Subtask 3.2 Implement Changes

Implementing and rolling out the uniform Individual Support Plan (ISP) format.

Subtask 3.4 Monitor On-going Implementation

- Plan for management and monitoring process performance

Incorporate "best practices" identified in the area of performance monitoring into a plan to manage and monitor MRDDA's newly Individual Support Plan (ISP) Policy and work practices.